U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
SEP	26	2005	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13525	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Harry G Chichester	Name I.A.T.S.E. Local #354			
	Labor Organization File Number 0/170			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 354			
Street P.O. Box 178	Street			
City Spavinaw	City Tulsa			
State Oklahoma ZIP Code + 4 74366	State Oklahoma ZiP Code + 4 74101-0354			
5. Position in labor organization. President				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Theatrical Accounting Services, Limited	Dividend.			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any P.O. Box 701462				
Street	7.b. Amount.			
City Tulsa	A220			
	\$300			
State Oklahoma ZIP Code + 4 74170-1462				
Sign	ature _			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
1) Al State of the				
Signed Many MUNISLIN	On 9/20/05 918-589-2895 Date Telephone Number			
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Name of Person Filing Harry Chichester	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Theatrical Accounting Services, Limited Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any P.O. Box 701462	b. Trust c. Employer			
Street				
City Tulsa State Oklahoma ZIP Code + 4 74170-1462				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Dividend on stock held.			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any		**************************************		
Street	11.b. Approximate dollar value of such dealing.	\$300		
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Owns 20 shares of stock. Total shares issued, 1,000. Approximate value per share, \$130.0	00.		
	12.b, Amount.	\$300		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name		Command Notice of the		
Trade Name, if any:	differentiable constraints			
P.O. Box, Bldg., Room No., if any	off control co			
StreetCity		Toward was marked to Management		
State ZIP Code + 4	T-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	(1) General Remond Consect of Administrat (and Joseph as) more of Afficially designed and particular and produced in the Consecution of the Consec		